

471-000-517 Nebraska Medicaid Practitioner Fee Schedule For Physical Therapy and Occupational Therapy Services

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Information regarding Physical and Occupational Therapy may be found at:

- Regulations:[http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health\\_and\\_Human\\_Services\\_System/Title-471/Chapter-17.pdf](http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-471/Chapter-17.pdf)
- http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health\_and\_Human\_Services\_System/Title-471/Chapter-14.pdf
- Provider Bulletins: [http://dhhs.ne.gov/medicaid/Pages/med\\_pb\\_index.aspx](http://dhhs.ne.gov/medicaid/Pages/med_pb_index.aspx)

						NON-FACILITY	FACILITY
CODE		MOD	PA	COMMENTS	COPAY	RATE	RATE
00092507						\$36.18	\$15.08
00092610				MEDICAL REVIEW REQUIRED		\$70.35	\$43.33
00092611						\$70.35	
00097001					X	\$64.32	
00097002					X	\$40.09	
00097003					X	\$64.32	
00097004					X	\$43.41	

						NON- FACILITY RATE	FACILITY RATE
CODE		MOD	PA	COMMENTS	COPAY		
00097005				NOT COVERED			
00097006				NOT COVERED			
00097012						\$15.31	
00097014						\$14.07	
00097016						\$18.09	
00097018						\$10.11	
00097022						\$18.09	
00097024						\$5.88	
00097026						\$5.54	
00097028						\$6.91	
00097032						\$18.09	
00097033						\$20.10	
00097034						\$16.08	
00097035						\$12.24	
00097036						\$22.11	
00097039				REQUIRES DOCUMENTATION		\$8.44	
00097110						\$20.10	
00097112						\$20.10	
00097113						\$18.09	
00097116						\$16.08	
00097124						\$22.11	
00097139				REQUIRES DOCUMENTATION		\$11.25	
00097140						\$24.12	
00097150						\$16.75	
00097530						\$20.10	
00097532						\$25.72	
00097533				NOT COVERED			
00097535				NOT COVERED			
00097537				NOT COVERED			
00097542						\$29.34	
00097545				NOT COVERED			
00097546				NOT COVERED			
00097597						\$44.62	\$22.22
00097598						\$23.36	\$30.94
00097605				REQUIRES DOCUMENTATION		\$20.10	\$14.75
00097606				REQUIRES DOCUMENTATION		\$22.11	\$16.58
00097750						\$31.43	

						NON- FACILITY	FACILITY
CODE		MOD	PA	COMMENTS	COPAY	RATE	RATE
00097755						\$20.10	
00097760						\$10.05	
00097761						\$19.29	
00097762						\$12.06	
00097799				REQUIRES DOCUMENTATION			
00097810				NOT COVERED			
00097811				NOT COVERED			
00097813				NOT COVERED			
00097814				NOT COVERED			